DEPARTMENT OF LABOR AND INDUSTRY

INDEPENDENT CONTRACTOR EXEMPTION CERTIFICATE AFFIDAVIT

APPLICATION FOR TWO (2) YEAR EXEMPTION

FEE \$125

3-11-09 HB204

State of							
County of	: SS			Renev	val Application		
TOTAL DOD		_					
I, <u>JOHN DOE</u> (applicant's name)	, beir	ng first duly sworn, state:					
I am making these statements the Montana Department of Labor of these statements when approver these statements.	and representations i and Industry (Depart ing my independent	n order to apply for an inde ment). I understand the D contractor exemption cer	ependent contrac epartment is rely tificate.	ctor exemption ving on the truth	certificate with		
2. My business structure is: _	business structure is: Sole Proprietor Partnership or LLP				Member of a Member Managed LLO		
My name is:	TOUN	722	Methber of a Member-Managed LLC				
My name is: <u>DOE</u> (Last)	JOHN	(First)	(Middle)				
My mailing address is : $_{ m PO}$,	30V 5550			(Middle)			
My mailing address is : <u>PO</u> (Street o	or PO Box)	HELENA HELENA	(City)	596			
do business as (DBA)			(City)	(State)	(Zip)		
y DBA physical address is:	3850 PIONEER PAI	RK DRIVE HETEMA	МТ	59602			
	(Street or directions to	physical address)	(City)	(State)	(Zip)		
y telephone number is: (406) You are required to notify the	227-3333	My social sec	urity number i		_ 0101		
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Complete this form only if you are a sole proprietor, a working member of a partnership or a limited liability partnership (If claiming to be a <u>partnership, you must provide a signed partnership agreement)</u>, or a member of a member-managed limited liability company and do not want workers' compensation on yourself. Independent contractor exemption certificates are issued individually. Each person-requesting an exemption completes his or her own form.

If you have any questions about completing this affidavit or the waiver, or determining if you are an independent contractor, please call the Independent Contractor Central Unit in Helena at (406) 444-9029. You may visit our website at www.mtcontractor.com

Notice to Applicants: Montana law provides for a civil penalty of up to \$1,000 for each violation of the following: A person may not perform work as an independent contractor without obtaining either workers' compensation insurance or an Independent Contractor Exemption Certificate; perform work as an independent contractor when the Department has revoked or denied the Independent Contractor's Exemption Certificate; transfer to another person or allow another person to use an Independent Contractor Exemption Certificate that was not issued to that person; alter or falsify an Independent Contractor Exemption Certificate; and/or misrepresent the person's status as an independent contractor. The Department has the authority to investigate your working relationships as an independent contractor. If through investigation, the Department determines you are acting as an employee, this exemption may be suspended or revoked.

Notice to Employers: Montana law prohibits employers from avoiding their responsibility to provide workers' compensation insurance for employees. An employer may not require an employee through coercion, misrepresentation, or fraudulent means to adopt independent contractor status or exert control to a degree that destroys the independent contractor relationship. In addition to any other penalty or sanction, a person or employer who violates a provision of the law is subject to a fine to be assessed by the Department of up to \$1,000 for each violation.

INSTRUCTIONS

- 1. Read the entire affidavit and the entire accompanying waiver before signing. NOTE: The waiver is a legal document that when signed waives statutory workers' compensation benefits.
- 2. If you understand all of the statements on both forms and believe you qualify as an independent contractor, complete the affidavit and the waiver in the manner identified below.
- 3. in paragraph 2 of the affidavit, provide the following information:
 - my business structure is (mark the appropriate blank with a check or X)
 - my name is (include your full individual name)
 - my mailing address is (include the number, street, box, city, state and zip code)
 - I Do Business As (DBA) (business name)
 - DBA physical address (include the number, street, directions, city, state and zip code)
 - telephone number
 - social security number
- 4. in paragraph 3 of the affidavit, you must list trades, occupations, professions, or businesses for which you are claiming an independent contractor exemption certificate.
- 5. Individuals who submit documentation for each trade, occupation, profession, or business that totals 15 points will receive an Independent Contractor Exemption Certificate. A maximum of two items may be submitted for consideration in each category. The Department may award points for items submitted up to the total points in each category. Items provided for certification may receive up to the following point value:

WC, UI, Revenue accounts for employees (all three)	10	pts	List of equipment & tools with approximate value	6	pts
Memo of Understanding or Contract evidencing			Liability insurance policy	- 6	pts
independent contractor status	6	pts	Bonding	6	pts
Business location, lease or rental agreement	6	pts	Business Tax form or records Sched C, E, F, or K	6	pts
Trucking company lease agreement	- 6	pts	Form 1099's / business tax receipt	3	pts
Valid, current Partnership Agreement	3	pts	Application or business license permit	3	pts
Professional License	3	pts	Business structure registered with the SOS	3	pts
Registered name of business with SOS	3	pts	Education certification	3	pts
Internet, on a professional list, or affiliation	3	pts	Advertises services in a newspaper, phone book	3	pts
Fed Employer Identification Number FEIN	1.5	pts	Two or more bids or estimates		5 pts
Business bank account	1.5	pts	Telephone bill in business name		5 pts
Credit card – charge account in business name	1.5	pts	Printed invoices, cards, brochures, hats, shirts		5 pts
Advertises using sign on vehicle, in yard, bulletin			Standard billing invoices	1.:	5 pts
boards, corner lamp post, flyers	1.5	pts			

- 7. Sign at the bottom of the affidavit and have your signature notarized. In addition to confirming your identity, the notary must require you to verbally swear to the truth of the information supplied in and with your affidavit. If you agree to waive your rights as detailed in the waiver, sign the waiver and have your signature notarized.
- 8. Both the waiver and affidavit must be completed or your application will be denied.
- 9. Pay special attention to the civil penalty for misrepresentations made concerning a person's status as an independent contractor.
- 10. Make checks payable to Montana Department of Labor & Industry in the amount of \$125.
- 11. Mail the completed waiver, affidavit, attached documentation, and \$125 fee to:

Montana Department of Labor and Industry
Employment Relations Division
Independent Contractor Central Unit
P.O. Box 8011
Helena, MT 59604-8011